

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND  |                |   |               |               |   |   |    |   |   |   |   |
|--|----------------|---|---------------|---------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>9-22-03</u>                                    |                | 2 Serial/Patent # <u>09/265493</u>  |               |               |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):                                | 4 PAPER NUMBER | 5 DATE FILED  | 6 AMOUNT      |               |   |   |    |   |   |   |   |
| <input type="checkbox"/> Filing                                      |                |   | \$            |               |   |   |    |   |   |   |   |
| <input type="checkbox"/> Amendment                                   |                |   | \$            |               |   |   |    |   |   |   |   |
| <input type="checkbox"/> Extension of Time                           |                |   | \$            |               |   |   |    |   |   |   |   |
| <input type="checkbox"/> Notice of Appeal/Appeal                     |                |   | \$            |               |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/> Petition                         | <u>16</u>      | <u>12/28/02</u>   | \$ <u>130</u> |               |   |   |    |   |   |   |   |
| <input type="checkbox"/> Issue                                       |                |   | \$            |               |   |   |    |   |   |   |   |
| <input type="checkbox"/> Cert of Correction/Terminal Disc.           |                |   | \$            |               |   |   |    |   |   |   |   |
| <input type="checkbox"/> Maintenance                                 |                |   | \$            |               |   |   |    |   |   |   |   |
| <input type="checkbox"/> Assignment                                  |                |   | \$            |               |   |   |    |   |   |   |   |
| <input type="checkbox"/> Other                                       |                |   | \$            |               |   |   |    |   |   |   |   |
|  |                | 7 TOTAL AMOUNT OF REFUND  |               | \$ <u>130</u> |   |   |    |   |   |   |   |
|  |                | 8 TO BE REFUNDED BY:  |               |               |   |   |    |   |   |   |   |
|  |                | <input type="checkbox"/> Treasury Check   |               |               |   |   |    |   |   |   |   |
|  |                | <input checked="" type="checkbox"/> Credit Deposit A/C #:   |               |               |   |   |    |   |   |   |   |
|  |                | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">0</td> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> </tr> </table> |               |               | 2 | 3 | -- | 2 | 0 | 5 | 0 |
| 2  | 3              | --  | 2             | 0             | 5 | 0 |    |   |   |   |   |
| 10 REASON:   |                |   |               |               |   |   |    |   |   |   |   |
| <input type="checkbox"/> Overpayment                                 |                |   |               |               |   |   |    |   |   |   |   |
| <input type="checkbox"/> Duplicate Payment                           |                |   |               |               |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/> No Fee Due (Explanation):        |                |   |               |               |   |   |    |   |   |   |   |
| <u>A Pet to W/D Dbn under 1918/ does not require a fee therefor.</u> |                |   |               |               |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:  |                |   |               |               |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>L. Hicks</u>                                  |                | TITLE: <u>Pets Ex'n</u>   |               |               |   |   |    |   |   |   |   |
| SIGNATURE: <u>L. Hicks</u>   |                | PHONE: <u>305-8680</u>  |               |               |   |   |    |   |   |   |   |
| OFFICE: <u>4750</u>  |                |   |               |               |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****                |                |   |               |               |   |   |    |   |   |   |   |
| APPROVED: <u>Alfred Kelly</u>  |                | DATE: <u>9/23/03</u>  |               |               |   |   |    |   |   |   |   |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*